

EXHIBIT “A”

FEE EXEMPT #: 77.25 (15S)

Document Number:

Document Name

THIS DEED, made between PERRAULT JEAN-PAUL

_____, ("Grantor," whether one or more),

and SUPPORTIVE HEALTH LLC, A NJ LLC

— ("Grantee," whether one or more).

Recording Area

Name and Return Address
PERRAULT JEAN-PAUL
85 SYCAMORE ROAD
JERSEY CITY, NJ 07305

LOT 17 AND THE NORTH 1/2 OF LOT 18, IN BLOCK 2, IN FERNWOOD, IN THE
NORTHEAST 1/4 OF SECTION 15, TOWNSHIP 6 NORTH, RANGE 22 EAST, IN
THE CITY OF MILWAUKEE, MILWAUKEE COUNTY, WISCONSIN

541-0643-7

Parcel Identification Number (PIN)

This is not homestead property.
(is) (is not)

Dated

* PERNAULT JEAN-PAUL

(SEAL) (SEAL)

AUTHENTICATION

Signature(s) _____

authenticated on _____

* Personally came before me on February 17, 2016

TITLE; MEMBER STATE BAR OF WISCONSIN

(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

PERRAULT JEAN-PAUL

ACKNOWLEDGMENT

STATE OF New Jersey
Hudson COUNTY

Personally came before me on February 17, 2016
the above-named Person's Adam Paul

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Notary Public, State of ~~Wisconsin~~ New Jersey
My Commission (is permanent) (expires: 9/30/2019)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

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CARLINE BOLMAR NO. 3-2003

OUT CLAIM DEED

* Type name below signatures.

NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES 9/30/2019